



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

March 12, 2007

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of LMM Inc, d.b.a. Libations and Grand Room, 317 South 11th requesting a class C liquor license.

Harlan Musil has purchased this business and requests that he be approved as the manager of the liquor license.

Background information on Mr. Musil will be omitted as he has been approved by the City Council and several past liquor licenses.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





FILED

4-9

STATE OF NEBRASKA

Dave Heineman
Governor

MAR 9 2007

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

March 7, 2007

Lincoln City Clerk
555 South 10th Street
Lincoln, NE 68508-3993

A7-024662

RE: New Application for Class C License for LMM, Inc dba Libations and Grand Room

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Tami Applebee

Tami Applebee
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

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NEBRASKA LIQUOR
CONTROL COMMISSION

OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License, requires insert form 1 |
| <input type="checkbox"/> | Partnership License, requires insert form 2 |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: _____ Phone: _____

Firm Name: _____

Firm address: _____

PREMISE INFORMATION

Trade Name (doing business as) LIBATIONS and GRAND Room

Street Address #1 317 S 11th Street

Street Address #2 _____

City Lincoln, NE County LANCASTER #2

Zip Code 68508

Telephone number at premise to be licensed (402) 477-3880

Is this location inside the city village corporate limits: ☒ YES ☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: LIBATIONS

Street Address #1 317 S 11th STREET

Street Address #2 _____

City Lincoln, NE County LANCASTER

Zip Code 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

see ATTACHMENT

entire 2 story bldg
approx 48 x 85

LANCASTER COUNTY APPRAISAL CARD

Tax Year: 2007

Run Date: 2/27/2007 10:58:07 AM Page 2 of 6

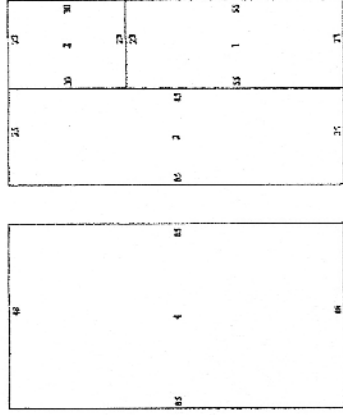
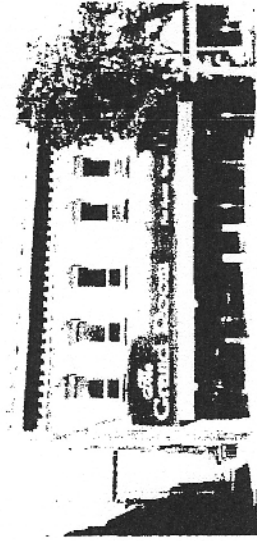
GENERAL BUILDING INFORMATION

Building Type: 17-Storefront Identical Units: 1 No. of Units: 1 Func: Fair

Bldg No: 1 Building 1 of 1

COMMENTS

Entire 2 story
building approx
48 x 85



SKETCH VECTORS

A1CL23U55R23D55 A2U55CL23U30R23D30 A3L23CL25U85R25D85 A4L58CL48U85R48D85

COMMERCIAL BUILDING SECTIONS & BASEMENTS

Sec	Occupancy	MS Class	Yr Blt	Rank	Stories	Area	Perimeter	Wall Hgt	Eff Age
01	442 Bar/Tavern	C	1890	2.00	1	1,265	156	12	40
02	442 Bar/Tavern	C	1890	2.00	1	690	106	12	40
03	442 Bar/Tavern	C	1890	2.00	1	2,125	220	12	40
04	442 Bar/Tavern	C	1890	2.00	1	4,080	266	12	40

No Basement

COMMERCIAL COMPONENTS

Sec	Code	Units	Pct	Size	Other	Year
01	617 Complete HVAC		100			
01	882 Stud - Brick Veneer		100			
02	617 Complete HVAC		100			
04	617 Complete HVAC		100			

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NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐

Yes If yes, please explain below or attach a separate page.

☒

No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

☒

Yes

Current business name and license number LIBATIONS + GRAND ROOM

☐

No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

☒

Yes

☐

No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

☒

Yes First National Beatrice

☐

No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

~~Pinnacle Bank~~ First National Beatrice
Harlan Musil, James Mudliff

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

Harlan Musil - @ Night club 226 S 9th street # ~~quit~~ sold business
Harlan Musil - Great Wraps 14th + O # ~~quit~~
Harlan Musil - Green Gateau 330 S 10th # ~~quit~~ start new business

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Harlan Musil 60 hours + per week

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

- Hospitality Managers Training for Alcohol - by City of Lincoln
 - Taught Beverage Selection at SCC College for 2 years
 - 10 years Manager at Q night club - 226 S 9th street
 - 9 months at Green Gate Inn 330 S 10th 1 month Great Wraps 14th

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date _____
☒ Deed
☒ Purchase Agreement

15. When do you intend to open for business? ? TAA when received

16. What will be the main nature of business? What are the anticipated hours of operation? Bar + Reception Hall + Btne Room
3pm - 1AM

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Harlan Musil 1734 N 29th Lincoln	1996	2002	Lincoln, NE
Harlan Musil 2525 Shauke CT	2002	Present	Lincoln, NE
James Mudloff 31 + Old Cheney	1995	1997	Lincoln, NE
James Mudloff 1734 N 29th	1997	2002	Lincoln, NE
James Mudloff 2525 Shauke CT	2002	Present	Lincoln, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records, (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

X Nathan R. Musil _____ X
(sign here) (sign here)

(sign here) (sign here)

(sign here) (sign here)

(sign here) (sign here)

(sign here) (sign here)

Subscribed in my presence and sworn to before me this
2ND day of MARCH, 2007.

Holly Erickson
Notary Public Signature & Seal

Subscribed in my presence & sworn
before me this 2nd day of
March, 2007

Jill L. Nelson
GENERAL NOTARY - State of Nebraska
JILL L. NELSON
My Comm. Exp. March 6, 2010

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

GENERAL NOTARY - State of Nebraska
HOLLY ERICKSON
My Comm. Exp. Sept. 27, 2010

FORM 35-4010
REV. 4/05

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

LMN, Inc

Corporate Street Address: 317 S 11th STREET

City: Lincoln State: NE Zip Code: 68507

Corporate Telephone Number 421-1264 — Business 477-3880

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? _____

Name of Registered Agent Harlan R Musil, James D. McDuff

Name of Proposed Manager Harlan R Musil

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Musil First Name: Harlan MI R

Address Street 2525 SHAWANTE SHAWANTE CT City Lincoln

State NE Zip Code 68507 Home Phone number (402) 421-1264

Social Security Number Date of Birth

on file

☐ Yes ☒ No

.....

Starting Date 3-1-07

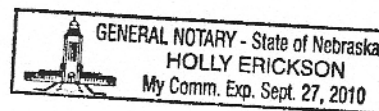
Ending Date 12-31-07

Harlan R. Rusil

Signature of President/Managing Member

Notary Public Signature & Seal

Notary Public Signature & Seal



day of _____, _____

Notary Public Signature & Seal

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION LMN, Inc.

CLASS & LICENSE NUMBER _____

TRADE NAME Libations and Grandroom

STREET ADDRESS 317 S 11th Street CITY Lincoln, NE 68507

Harlan R Musil

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Harlan R Musil

ADDRESS 2525 Shank CT.

CITY Lincoln STATE NE ZIP CODE 68507

HOME PHONE NUMBER (402) 421-1264 BUSINESS PHONE NUMBER 477-3880

SEX ☒ MALE ☐ FEMALE SOCIAL SECURITY NUMBER - -

DATE OF BIRTH - - PLACE OF BIRTH Grand Island Nebraska

DRIVERS LICENSE NUMBER & STATE , Nebraska

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME NA

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____